

SECRET

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100040-2

REPORTS INVENTORY					CONTROL NO. DDS/OF-036							
PREPARE IN DUPLICATE												
1. TITLE OF REPORT (if a fill-in report include Form No.) Special Claims or Problems					2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;">STATISTICAL</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>NARRATIVE</td></tr> <tr><td><input type="checkbox"/></td><td>MACHINE-NAME LISTING</td></tr> </table>			STATISTICAL	<input checked="" type="checkbox"/>	NARRATIVE	<input type="checkbox"/>	MACHINE-NAME LISTING
	STATISTICAL											
<input checked="" type="checkbox"/>	NARRATIVE											
<input type="checkbox"/>	MACHINE-NAME LISTING											
3. FUNCTIONAL AREA		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>PERSONNEL</td><td>TRAINING</td></tr> <tr><td>LOGISTICS</td><td>SECURITY</td></tr> <tr><td>MEDICAL</td><td><input checked="" type="checkbox"/> FINANCE</td></tr> </table>		PERSONNEL	TRAINING	LOGISTICS	SECURITY	MEDICAL	<input checked="" type="checkbox"/> FINANCE	ADMIN. GENERAL OTHER (specify)		
PERSONNEL	TRAINING											
LOGISTICS	SECURITY											
MEDICAL	<input checked="" type="checkbox"/> FINANCE											
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly		6. DISTRIBUTION (No. of components not number of copies) 1								
7. FORMAT (memorandum, form, computer print-out, etc.) Memorandum		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>YES</td><td>IF YES GIVE ADP PROCESSING NO.</td></tr> <tr><td><input checked="" type="checkbox"/> NO</td><td></td></tr> </table>		YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT DD/Finance				
YES	IF YES GIVE ADP PROCESSING NO.											
<input checked="" type="checkbox"/> NO												
10. PREPARING COMPONENT (include lowest level contributing information to report) Branches and Chief, C&L Division				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)								
12. COST FACTORS												
A. MANUAL PREPARATION AND REVIEW COSTS												
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED = COST PER YEAR						
						Insufficient time expended to arrive at a cost factor.						
B. COSTS OF COMPUTER PRODUCED REPORTS												
TOTAL COSTS PER YEAR												
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. 1 November 1967 - Director of Finance												
1. To appraise management of cases that could at some point prior to resolvent be brought to the attention of officials who have recommendation or write-off authority. 2. Negative reports have been submitted by branches, but none have been submitted by Division.												
14. FUTURE GOALS												
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS							
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)					MAN-HOURS DOLLARS							
<input type="checkbox"/> CHANGE												
<input type="checkbox"/> DISCONTINUE												
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100040-2				18. EXTENSION						